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EMPLOYMENT POLICIES AND FORMS REQUIRED AND RECOMMENDED IN CALIFORNIA

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The attached material must not be considered legal advice. The sample forms and policies are for educational purposes only. We strongly recommend that you consult with legal counsel before adopting or implementing any of the attached sample forms and policies so as to avoid potential liability.

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Every CA employer having more than one employee must have a written sexual harassment prevention policy and distribute the pamphlet on Sexual Harassment or its equivalent.

Every CA employer must have a written Lactation Policy.

Every CA employer must provide the form Notice to Employee pursuant to Labor Code Section 2810.5 for every non-exempt employee hired after January 1, 2012. A new form became effective January 1, 2015, consistent with the effective date of July 1, 2015 for the Healthy Workplaces Healthy Families Act which requires CA employer to provide sick leave benefits. (Please see our website for our article on the issue).

Every CA employer must keep a record of actual hours worked, and meal periods must also be recorded for all non-exempt employees. The Meal and Rest Period Policy reflects CA law after the CA Supreme Court decision in Brinker.

The Semi-Monthly Time Sheet allows CA employers to comply with the recording of hours worked including the recording of meal periods. The statement at the end protects the employer from employees later claiming off the clock hours, unpaid overtime, missed rest period and missed meal periods.

EMPLOYEE RELATIONS POLICY WITH ACKNOWLEDGMENT

A. POLICY AGAINST DISCRIMINATION

_____ (the “Company”) is committed to providing a work environment that is free of discrimination. In keeping with this commitment, the Company maintains a strict policy prohibiting unlawful discrimination and retaliation. This policy applies to all employees of the Company, including supervisors and non-supervisory employees. The policy also prohibits unlawful discrimination and retaliation by non-employees of the Company with whom employees come into contact, including clients, customers, vendors and any other person doing business with the Company.

All aspects of employment with the Company will be governed on the basis of merit, competence and qualifications and will not be influenced in any manner by an individual’s race (including hair texture and protective hairstyles, such as braids, locks and twists), ancestry, color, religious creed (including religious dress and grooming practices), national origin, marital status, sex (including sexual harassment), sexual orientation, gender, gender identity, gender expression, disability (physical or mental including HIV/AIDS diagnosis), pregnancy (including breastfeeding and conditions related to breastfeeding), medical condition (cancer and genetic characteristics), age (40 or over), military and veteran status, or exercising the right to any legally provided leave of absence in the application of any policy, practice, rule or regulation.

All decisions made with respect to recruiting and hiring, evaluations and promotions for all job classifications will be based solely on individual qualifications as related to the requirements of the position. Likewise, all other personnel matters such as compensation, benefits, transfers, lay-offs, training, educational opportunities and programs will be administered free from any illegal discriminatory practices.

B. POLICY AGAINST HARASSMENT, INCLUDING SEXUAL HARASSMENT

The Company is also committed to providing a work environment that is free of harassment, including sexual harassment.

Sexual harassment includes:

1. Unwanted sexual advances;
2. Offering employment benefits in exchange for sexual favors;
3. Making or threatening reprisals after a negative response to sexual advances;
4. Visual conduct: leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons or posters;
5. Verbal conduct: making or using derogatory comments, epithets, slurs, and jokes;
6. Verbal sexual advances or propositions;
7. Verbal abuse of a sexual nature, graphic verbal commentaries about an individual’s body, sexually degrading words used to describe an individual, suggestive or obscene letters, notes, or invitations;

8. Physical conduct: touching, assault, impeding or blocking movement; and

9. Further, the Company prohibits abusive conduct (“bullying”): Any form of abusive conduct by an employee in the workplace, with malice, that a reasonable person would find hostile, offensive, and unrelated to the Company’s business interest.

C. COMPLAINT AND INVESTIGATION PROCEDURE

Any form of discrimination, retaliation or harassment, including sexual harassment, is absolutely prohibited. Any incident of possible discrimination, retaliation or harassment should be brought immediately to the attention of the Human Resources Department of the Company, either verbally or in writing, which will thoroughly investigate the matter. Supervisors who receive complaints of discrimination, retaliation or harassment from their employees are required to forward those complaints to the Human Resources Department.

The Company will conduct a fair, impartial, and thorough investigation by qualified personnel that provides all parties appropriate due process. The investigation shall be conducted confidentially to the extent confidentiality is possible. The Company will document and track the progress of the investigation. The Company will make a reasonable determination, after reviewing all the evidence collected, concerning whether misconduct occurred. The investigation will be completed in a timely manner and the employee who filed the complaint will receive a timely response. If misconduct is found to have occurred, appropriate remedial measures will be taken. Disciplinary action, up to and including discharge, will be taken against any employee who is found to have engaged in conduct prohibited by this policy.

No employee shall be subjected to any form of retaliation for reporting any violation of this policy truthfully and in good faith, or for participating in any investigation conducted pursuant to this policy.

HARASSMENT BY NON-EMPLOYEES

In addition, the Company will take all reasonable steps to prevent or eliminate sexual harassment by non-employees including customers, clients and suppliers who are likely to have workplace conduct with our employees.

EMPLOYEE RELATIONS POLICY ACKNOWLEDGMENT

I have read and received a copy of the Company’s Employee Relations Policy, including the policies against discrimination, retaliation and harassment, including sexual harassment, and fully understand my obligations and responsibilities as outlined therein.

Signed: _____

Date: _____

Witness: _____

Date: _____

POLÍTICA DE RELACIONES DE EMPLEADOS CON RECONOCIMIENTO

A. POLÍTICA CONTRA LA DISCRIMINACIÓN

La Compañía está comprometida a proveer un ambiente libre de discriminación. Para cumplir con este compromiso, la Compañía mantiene una política estricta prohibiendo la discriminación y las represalias ilegales. Esta política se aplica a todos los empleados de la Compañía, incluyendo supervisores y empleados que no son de supervisión. La política también prohíbe la discriminación y las represalias de parte de personas que no son empleadas por la Compañía y con las cuales los empleados tienen contacto, incluyendo clientes, suministradores, vendedores y cualquier otra persona que haga negocio con la Compañía.

Todos los aspectos del empleo con la Compañía se regirán sobre la base del mérito, la competencia y las cualificaciones y no se verán influenciados de ninguna manera por la raza de un individuo (incluyendo la textura del cabello y los peinados protegidos, como trenzas, mechones, y giros o rizos), ascendencia, color, credo religioso (incluyendo ropa religiosa y prácticas de aseo), origen nacional, estado civil, sexo (incluyendo acoso sexual), orientación sexual, género, identidad de género, Diagnóstico del VIH/SIDA), embarazo (incluida la lactancia materna y condiciones relacionadas con la lactancia materna), condición médica (cáncer y características genéticas), edad (40 o más), estado militar y veterano, o ejercicio del derecho a cualquier licencia de ausencia legalmente proporcionada en la aplicación de cualquier política, práctica, regla o regulación.

Todas las decisiones hechas acerca de reclutamiento y empleo, evaluaciones y promociones para todas las clasificaciones de trabajo serán basadas solamente en las capacidades individuales relacionadas a los requisitos de la posición. Igualmente, todos los demás asuntos del personal como compensación, beneficios, transferencias, despido temporal, entrenamiento, oportunidades y programas educativos serán administrados libres de cualquier práctica discriminatoria ilegal.

B. POLÍTICA CONTRA EL HOSTIGAMIENTO, INCLUYENDO ACOSO SEXUAL

La Compañía también está comprometida a proveer un ambiente de trabajo libre de hostigamiento, incluyendo el acoso sexual.

Acoso sexual incluye:

1. Avances sexuales no deseados;
2. Ofrecer beneficios de empleo a cambio de favores sexuales;
3. Tomar o amenazar de tomar represalias después de recibir una respuesta negativa a un avance sexual;
4. Conducta visual: mirada de reojo lasciva; gestos sexuales; desplegar objetos o retratos, caricaturas o carteles sexualmente sugestivos;
5. Conducta verbal: hacer o usar comentarios, epítetos, calumnias o chistes derogatorios;
6. Avances o proposiciones sexuales verbales;
7. Abuso verbal de naturaleza sexual, comentarios gráficos verbales acerca del cuerpo de un individuo, palabras sexualmente degradantes usadas para describir a un individuo, cartas, notas o invitaciones obscenas o sugestivas;

8. Conducta física: tocar, asaltar, impedir u obstruir el movimiento; y
9. Además, la Compañía prohíbe la conducta abusiva ("bullying"): Cualquier forma de conducta abusiva por un empleado en el lugar de trabajo, con malicia, que una persona razonable encontraría hostil, ofensivo y sin relación al interés de negocio de la Compañía.

C. PROCEDIMIENTO DE QUEJA E INVESTIGACIÓN

Cualquier tipo de discriminación, represalia u hostigamiento, incluyendo el acoso sexual, es absolutamente prohibido. Cualquier incidente de discriminación, represalia u hostigamiento debe ser comunicado inmediatamente al Departamento de Recursos Humanos de la Compañía, ya sea verbalmente o por escrito, el cual investigará el asunto meticulosamente. Supervisores que reciben quejas de discriminación, represalias u hostigamiento de un empleado están requeridos enviar esas quejas al Departamento de Recursos Humanos.

La Compañía llevará a cabo una investigación justa, imparcial y exhaustiva a través de personal cualificado que provee proceso debido (due process) a todas las partes. La investigación será realizada de manera confidencial hasta el punto que la confidencialidad es posible. La Compañía documentará y estará al tanto del proceso de la investigación. La Compañía hará una determinación razonable, después de revisar todas las pruebas, sobre si es que conducta inapropiada ocurrió. La investigación se completará en forma oportuna y el empleado que presento la queja recibirá una respuesta oportuna. Si se determina que conducta inapropiada sucedió, se tomará las medidas correctivas apropiadas. Se tomará medidas disciplinarias, hasta e incluyendo la descarga de empleo, contra cualquier empleado que se determine haber participado en conducta prohibida por esta política.

Ningún empleado será sujeto a alguna forma de represalia por reportar honestamente y en buena fe una violación de esta política, o por participar en una investigación conducida de acuerdo a esta política.

HOSTIGAMIENTO O ACOSO POR MEDIO DE NO-EMPLEADOS

Adicionalmente, la Compañía tomará todos los pasos razonables para prevenir o eliminar el acoso sexual por parte de no-empleados incluyendo clientes, vendedores y suministradores que tengan contacto de trabajo con nuestros empleados.

RECONOCIMIENTO DE LA POLÍTICA DE RELACIONES DE EMPLEADOS

Yo he recibido y leído una copia de la Política de Relaciones de Empleados de la Compañía, incluyendo las políticas en contra de la discriminación, la represalia y el hostigamiento, incluyendo el acoso sexual, y entiendo completamente mis obligaciones y responsabilidades bajo esta política.

Firma: _____ Fecha: _____

Testigo: _____ Fecha: _____

SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

THE MISSION OF THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING IS TO PROTECT THE PEOPLE OF CALIFORNIA FROM UNLAWFUL DISCRIMINATION IN EMPLOYMENT, HOUSING AND PUBLIC ACCOMMODATIONS, AND FROM THE PERPETRATION OF ACTS OF HATE VIOLENCE AND HUMAN TRAFFICKING.



SEXUAL HARASSMENT

1 *Unwanted sexual advances*

2 *Offering employment benefits in exchange for sexual favors*

3 *Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters*

4 *Derogatory comments, epithets, slurs, or jokes*

5 *Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations*

6 *Physical touching or assault, as well as impeding or blocking movements*

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within one year of the last act of harassment or retaliation. DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

THE FACTS

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

① *"Quid pro quo"* (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.

② *"Hostile work environment"* sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interfere with your work performance or create an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. That means that it alters the conditions of your employment and creates an abusive work environment. A single act of harassment may be sufficiently severe to be unlawful.

FOR MORE INFORMATION

Department of Fair Employment and Housing
Toll Free: (800) 884-1684
TTY: (800) 700-2320
Online: www.dfeh.ca.gov

Also find us on:



If you have a disability that prevents you from submitting a written intake form on-line, by mail, or email, the DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at contact.center@dfeh.ca.gov.

The DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.

Contact the DFEH at (800) 884-1684 (voice or via relay operator 711), TTY (800) 700-2320, or contact.center@dfeh.ca.gov to discuss your preferred format to access our materials or webpages.



CIVIL REMEDIES:

ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
- Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.
- ④ Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:
 - Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
 - Sending the policy via email with an acknowledgment return form.
 - Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
 - Discussing policies upon hire and/or during a new hire orientation session.
 - Using any other method that ensures employees received and understand the policy.
- ⑤ If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.
- ⑥ In addition, employers who do business in California and employ 5 or more part-time or full-time employees must provide at least one hour of training regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation, to each non-supervisory employee; and two hours of such training to each supervisory employee. Training must be provided within six months of assumption of employment. Employees must be trained during calendar year 2019, and, after January 1, 2020, training must be provided again every two years. Please see Gov. Code 12950.1 and 2 CCR 11024 for further information.

- 1 *Damages for emotional distress from each employer or person in violation of the law*
- 2 *Hiring or reinstatement*
- 3 *Back pay or promotion*
- 4 *Changes in the policies or practices of the employer*

- ① Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.
- ② Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."
- ③ Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

- Be in writing.
- List all protected groups under the FEHA.
- Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
- Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
- Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of DFEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
- Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).

LA MISIÓN DEL DEPARTAMENTO DE IGUALDAD EN EL EMPLEO Y LA VIVIENDA ES PROTEGER A LOS HABITANTES DE CALIFORNIA DE DISCRIMINACIÓN ILÍCITA EN EL EMPLEO, LA VIVIENDA Y SERVICIOS PÚBLICOS, Y DE LA PERPETRACIÓN DE ACTOS DE VIOLENCIA POR ODIO Y TRATA DE PERSONAS.

EL ACOSO SEXUAL INCLUYE MUCHAS FORMAS DE CONDUCTAS OFENSIVAS

CONDUCTAS QUE PUEDEN SER ACOSO SEXUAL:

- 1 *Insinuaciones de índole sexual indeseadas*
- 2 *Ofrecimiento de beneficios laborales a cambio de favores sexuales*
- 3 *Miradas lascivas; gestos de tipo sexual; o exhibir objetos sexualmente insinuantes, como fotografías, caricaturas o pósteres*
- 4 *Comentarios despectivos, epítetos, agravios o bromas*
- 5 *Comentarios gráficos, términos sexualmente denigrantes o mensajes o invitaciones insinuantes*
- 6 *Manoseo o agresión física, como también impedir u obstruir movimientos*

Tomar represalias o amenazar con tomar represalias por el rechazo de propuestas sexuales o por quejarse del acoso sexual también es ilegal.

Los empleados o postulantes a un empleo que crean haber sido víctimas de acoso sexual o de represalias pueden presentar una queja por discriminación ante DFEH dentro de un año del último acto de acoso sexual o de represalia. La función de DFEH consiste en investigar de manera neutral hechos ocurridos e intentar ayudar a las partes a resolver las disputas en forma voluntaria. Si DFEH halla suficiente evidencia para establecer que ha ocurrido un acto de discriminación y han fallado los esfuerzos para llegar a un acuerdo, el Departamento puede presentar una demanda civil ante un tribunal estatal o federal para lidiar con las causas de la discriminación y en representación de la parte reclamante. DFEH puede procurar conseguir por orden judicial cambios en las pólizas y prácticas del empleador, daños punitivos, y honorarios y costos legales si se gana el litigio. Los empleados también pueden presentar una demanda por su propia cuenta en un tribunal civil después de haber archivado una queja con DFEH y de que se le haya entregado la Notificación del Derecho para Demandar.



ACOSO SEXUAL

LA REALIDAD SOBRE EL ACOSO SEXUAL

El acoso sexual es una forma de discriminación que se basa en el sexo o el género (incluyendo el embarazo, el parto o estado de salud relacionado con los mismos), identidad de género, expresión de género u orientación sexual. Individuos de cualquier género pueden ser víctimas de acoso sexual. El acoso sexual ilícito no necesariamente tiene que estar motivado por el interés sexual. El acoso sexual puede involucrar el acoso de una persona del mismo género del acosador(a), independientemente de la orientación sexual o identidad de género de cualquiera de las personas.

HAY DOS TIPOS DE ACOSO SEXUAL

- ① *El acoso sexual "quid pro quo" ("esto por aquello" en latín) ocurre cuando alguien ofrece un trabajo, ascenso u otro beneficio laboral a cambio de la aceptación de propuestas sexuales u otra conducta de índole sexual.*
- ② *El acoso sexual de "ambiente laboral hostil" ocurre cuando comentarios o conductas indeseadas de índole sexual interfieren de manera inaceptable en su desempeño laboral o crean un ambiente laboral intimidante, hostil o agravante. Usted puede ser víctima de acoso sexual incluso si la conducta ofensiva no estaba dirigida especialmente a usted.*

El acoso debe ser severo o generalizado para ser considerado ilegal. Esto significa que altera las condiciones de su empleo y crea un ambiente laboral abusivo. Un solo acto de acoso puede ser suficientemente grave para ser ilegal.

PARA MÁS INFORMACIÓN

Departamento De Igualdad En El Empleo Y La Vivienda
 Línea gratuita: (800) 884-1684
 TTY: (800) 700-2320
 En línea: www.dfeh.ca.gov

○ *encuéntrenos en:*



Si usted tiene una discapacidad que le impide enviar un formulario inicial por escrito en línea, correo postal o correo electrónico, DFEH puede asistirlo escribiendo su formulario inicial por teléfono o, para individuos que son sordos o hipoacúsicos o que tienen discapacidades del habla, a través del Servicio de Retransmisión de California (711), o llámenos por su VRS al (800) 884-1684 (voz).

Para programar una cita, comuníquese con el Centro de Comunicaciones al (800) 884-1684 (voz o vía operador de retransmisión 711) o al (800) 700-2320 (TTY) o por correo electrónico al contact.center@dfeh.ca.gov.

DFEH está comprometido a proporcionar acceso a nuestros materiales en un formato alternativo como adaptación razonable para individuos con discapacidades según sea solicitado.

Comuníquese con DFEH al (800) 884-1684 (voz o vía operador de retransmisión 711), TTY (800) 700-2320 o contact.center@dfeh.ca.gov para conversar sobre su formato de preferencia para acceder a nuestros materiales o páginas web.

RECURSOS CIVILES:



- 1 *Compensaciones por sufrimiento emocional causado por cada empleador o individuo que viole la ley*
- 2 *Empleo o restitución del empleo*
- 3 *Pago retroactivo o ascenso*
- 4 *Cambios en las pólizas políticas o prácticas del empleador*

RESPONSABILIDAD DEL EMPLEADOR

Todos los empleadores, independientemente de la cantidad de empleados, están incluidos en las disposiciones sobre acoso sexual de las leyes de California. Los empleadores son responsables por los actos de acoso cometidos por sus supervisores o agentes. Todos los acosadores, incluyendo el personal de supervisión como el personal sin responsabilidad de supervisión pueden ser considerados responsables de acoso o por ayudar y ser cómplices de acoso sexual. La ley requiere que los empleadores tomen medidas razonables para prevenir el acoso sexual. Si un empleador falla con tomar tales medidas, ese empleador puede ser considerado responsable por el acto de acoso. Además, un empleador puede ser responsable por el acoso realizado por una persona ajena a la empresa (por ejemplo, un comprador o cliente de un empleado, un postulante a un empleo o una persona que brinda servicios al empleador). Un empleador solo será sujeto a responsabilidad por esta forma de acoso si sabía o debería haber tenido conocimiento del acto de acoso, y no tomó las acciones correctivas inmediatas.

Los empleadores tienen el deber concreto de adoptar medidas razonables para impedir y corregir sin demora conductas discriminadoras y acosadora, y crear un ambiente laboral libre de sin acoso.

Un programa para eliminar el acoso sexual del ambiente laboral no solo es obligatorio por ley, sino que es la más práctica para un empleador para evitar o limitar la responsabilidad si ocurriera un acto de acoso sexual.

TODOS LOS EMPLEADORES DEBEN ADOPTAR LAS SIGUIENTES MEDIDAS PARA PREVENIR EL ACOSO SEXUAL Y CORREGIRLO CUANDO SUCEDA:

- 1 Distribuir copias de este folleto o un documento alternativo que cumpla con los requisitos del artículo 12950 del Código de Gobierno. Este folleto puede ser duplicado en cualquier cantidad.
- 2 Colocar una copia del póster de empleo del Departamento titulado "La Ley de California Prohíbe la Discriminación y el Acoso Sexual en el Lugar de Trabajo."
- 3 Elaborar una política de prevención de acoso sexual, discriminación y represalias de acuerdo con 2 CCR 11023. La póliza debe:
 - Estar por escrito.
 - Enumerar todos los grupos protegidos por FEHA.
 - Indicar que la ley prohíbe a compañeros de trabajo y terceros, así como a supervisores y gerentes con quienes el empleado tiene contacto, realizar actos de acoso sexual.
 - Crear un proceso de interposición de quejas que asegure confidencialidad al máximo posible; una respuesta oportuna; una investigación imparcial y puntual por parte de personal cualificado; documentación y registro de progreso adecuado; opciones adecuadas para medidas correctivas y resoluciones; y soluciones oportunas.
 - Proporcionar un mecanismo de interposición de quejas que no requiera que un empleado tenga que quejarse directamente ante su supervisor inmediato. Ese mecanismo de interposición de quejas debe incluir, pero sin limitarse a: disposiciones para comunicación directa ya sea oral o por escrito, con un representante designado de la empresa; y/o una línea telefónica para hacer quejas; y/o acceso a un defensor; y/o identificación de DFEH y la Comisión para la Igualdad de Oportunidades en el Empleo de los Estados Unidos como vías adicionales para que los empleados presenten reclamos.
 - Instruir a supervisores para que informen de cualquier queja de falta de ética laboral a un representante designado de la empresa, como un gerente de recursos humanos, de modo que la compañía pueda tratar de resolver la queja internamente. Los empleadores con 50 o más empleados tienen la obligación de incluir esto como tema en la capacitación obligatoria de prevención de acoso sexual (ver 2 CCR 11024).
 - Indicar que cuando el empleador reciba denuncias de falta de ética laboral, conducirá una investigación
- 4 Distribuir su póliza de prevención de acoso, discriminación y represalia haciendo uno o más de lo siguiente:
 - Dejar claro que los empleados no sufrirán represalias como resultado de presentar una queja o por participar en una investigación.
 - Distribuir su póliza de prevención de acoso, discriminación y represalia haciendo uno o más de lo siguiente:
 - Imprimir la política y proporcionar una copia a los empleados con un formulario una forma de acuse reconocimiento de recibo para que los empleados la firmen y devuelvan.
 - Enviar la póliza política por correo electrónico con una forma de reconocimiento de recibo.
 - Colocar el póster de la versión actual de la póliza en una intranet de la empresa con un sistema de rastreo para asegurar que todos los empleados hayan leído y reconozcan que han recibido la póliza acusado recibo de la política.
 - Discutir las pólizas políticas al momento de la contratación y/o durante la sesión de orientación para nuevos empleados.
 - Usar cualquier otro método para asegurar que los empleados hayan recibido y entendido la póliza.
- 5 Si los trabajadores del empleador en cualquier planta o establecimiento forman el diez por ciento o más de personas que hablan un idioma distinto del inglés como lengua materna, ese empleador deberá traducir la política sobre acoso, discriminación y represalia en cada idioma hablado por al menos el diez por ciento de los empleados.
- 6 Además, los empleadores que realizan actividades en California y emplean 5 o más empleados de tiempo parcial o de tiempo completo deben ofrecer al menos una hora de capacitación sobre la prevención del acoso sexual, que incluye acoso basado en la identidad de género, expresión de género y orientación sexual, a cada empleado que no esté en un puesto de supervisión; y dos horas de dicha capacitación a cada empleado en un puesto de supervisión. La capacitación debe brindarse dentro de los seis meses del comienzo de las funciones. Los empleados deben realizar la capacitación durante el año calendario 2019, y después del 1.º de enero de 2020, se debe proporcionar la capacitación nuevamente cada dos años. Sírvase consultar Cód. de Gov. 12950.1 y 2 CCR 11024 por más información.

justa, oportuna y completa que brinde a todas las partes el debido procesorrespondiente y llegue a conclusiones aceptables basadas en la evidencia reunida.

- Dejar claro que los empleados no sufrirán represalias como resultado de presentar una queja o por participar en una investigación.

4 Distribuir su póliza de prevención de acoso, discriminación y represalia haciendo uno o más de lo siguiente:

- Imprimir la política y proporcionar una copia a los empleados con un formulario una forma de acuse reconocimiento de recibo para que los empleados la firmen y devuelvan.
- Enviar la póliza política por correo electrónico con una forma de reconocimiento de recibo.
- Colocar el póster de la versión actual de la póliza en una intranet de la empresa con un sistema de rastreo para asegurar que todos los empleados hayan leído y reconozcan que han recibido la póliza acusado recibo de la política.
- Discutir las pólizas políticas al momento de la contratación y/o durante la sesión de orientación para nuevos empleados.
- Usar cualquier otro método para asegurar que los empleados hayan recibido y entendido la póliza.

5 Si los trabajadores del empleador en cualquier planta o establecimiento forman el diez por ciento o más de personas que hablan un idioma distinto del inglés como lengua materna, ese empleador deberá traducir la política sobre acoso, discriminación y represalia en cada idioma hablado por al menos el diez por ciento de los empleados.

6 Además, los empleadores que realizan actividades en California y emplean 5 o más empleados de tiempo parcial o de tiempo completo deben ofrecer al menos una hora de capacitación sobre la prevención del acoso sexual, que incluye acoso basado en la identidad de género, expresión de género y orientación sexual, a cada empleado que no esté en un puesto de supervisión; y dos horas de dicha capacitación a cada empleado en un puesto de supervisión. La capacitación debe brindarse dentro de los seis meses del comienzo de las funciones. Los empleados deben realizar la capacitación durante el año calendario 2019, y después del 1.º de enero de 2020, se debe proporcionar la capacitación nuevamente cada dos años. Sírvase consultar Cód. de Gov. 12950.1 y 2 CCR 11024 por más información.

LACTATION ACCOMMODATION

The Company complies with the California Lactation Accommodation law and shall provide a reasonable amount of break time to accommodate an employee desiring to express breastmilk for the employee's infant child. The Company does not discriminate or retaliate against employees for exercising their right to request lactation accommodation.

The Company shall provide an employee with the use of a room or other location for the employee to express milk in private. A lactation room or location shall not be a bathroom and shall be in close proximity to the employee's work area, shielded from view, and free from intrusion while the employee is expressing milk. Where a multipurpose room is used for lactation among other uses, the employee requesting use for lactation purposes must take precedence and priority over all other personnel and uses. The lactation room or location provided shall comply with all of the following requirements:

The lactation room shall:

- Be safe, clean, and free of hazardous materials;
- Contain a surface to place a breast pump and personal items;
- Contain a place to sit;
- Have access to electricity or alternative devices, including, but not limited to, extension cords or charging stations needed to operate an electric or battery-powered breast pump; and
- Have access to a sink with running water and a refrigerator suitable for storing milk in close proximity to the employee's workspace. If a refrigerator cannot be provided, the Company will provide another cooling device suitable for storing milk, such as a cooler.

Employees in need of a lactation room are encouraged to contact the Human Resources Department to discuss accommodation arrangements as soon as they determine that accommodations will be needed.

The break time shall, if possible, run concurrently with any break time already provided to the employee. Any additional break time provided as an accommodation that does not run concurrently with the employee's regularly-allocated break will be unpaid.

If the Company is unable to provide break time or a location that complies with this policy, the Company will provide such a written response to the employee in writing.

The employee has a right to file a complaint with the Labor Commissioner for any violation of her lactation accommodation rights.

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT AND STALKING**

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

Alfred J. Landegger
Larry C. Baron
Oscar E. Rivas
Roxana E. Verano

Marie D. Davis
Rebecca L. Gombos
Patrick E. White III
Christopher W. Hughes
Rodrigo J. Torres
Kristina Kourasis

NOTICES TO POST

Employers are required to have posted in an area accessible and conspicuous to all employees the notices outlined in the following listing. The notices are required by City, County, State and federal regulations.

You may obtain copies of these required notices from the local offices of the state and federal government. However, please do not rely on any advice or information which anyone at these various agencies provide to you concerning compliance with laws and regulations without also obtaining the advice of a labor attorney. The information provided by these agencies may not be accurate legal advice.

Required California and Federal Employment Notices:

- Transgender Rights in the Workplace (DFEH)
- Healthy Workplaces/Healthy Families Act of 2014 - Paid Sick Leave
- Equal Employment Opportunity is THE LAW
- Notice to Employees (EDD: UI, DI and PFL)
- California Minimum Wage
- Federal Minimum Wage
- Your Rights Under USERRA
- Safety and Health Protection on the Job (Cal/OSHA)
- Notice to Employees-Injuries Caused by Work (Division of Workers' Compensation)
- California Law Prohibits Workplace Discrimination and Harassment (DFEH)
- Your Rights and Obligations as a Pregnant Employee
- Family Care and Medical Leave (CFRA Leave) and Pregnancy Disability Leave
- Employee Rights Under the Family and Medical Leave Act
- Whistleblowers Are Protected
- Time Off to Vote
- Employee Polygraph Protection Act
- Emergency Contacts
- Payday Notice

Please check with your City and County for other required postings, including Paid Sick Leave and Criminal Background Checks.

Main Office
15760 Ventura Blvd.
Suite 1200
Encino, CA 91436
(818) 986-7561
Fax (818) 986-5147

Ventura Office
751 Daily Drive
Suite 325
Camarillo, CA 93010
(805) 987-7128
Fax (805) 987-7148

NOTICES TO POST

Page 2

Required Handouts:

- [Sexual Harassment](#) pamphlet (required at hire)
- [Workers' Compensation Rights & Benefits](#) pamphlet (required at hire)
- [State Disability Insurance](#) pamphlet (required at hire and for any employee taking a leave of absence for a covered reason)
- [Paid Family Leave](#) pamphlet (required at hire and for any employee requiring a leave of absence for a covered reason)
- [Unemployment Insurance](#) pamphlet (required for any staff member who is terminated, laid off or takes a leave of absence.
- [Rights of Victims of Domestic Violence, Sexual Assault and Stalking](#) pamphlet (required at hire and on request)

Main Resource: <https://store.calchamber.com/productdetails.aspx?id=10032178&itemno=MASTRNKP>

Additional Resources: PLEASE SEE CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS WEB SITE AT WWW.DIR.CA.GOV/WP TO ORDER MOST OF THE ABOVE NOTICES ONLINE, E-MAIL OR FAX.

U.S. DEPARTMENT OF LABOR (213) 894-6375
Los Angeles District Office
Wage & Hour Division
915 Wilshire Blvd., Suite 960
Los Angeles, CA 90017-3446
<https://www.dol.gov>

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT & HOUSING (DFEH) (213) 439-6799
611 West Sixth Street, Suite 1500
Los Angeles, California 90017
<http://www.dfeh.ca.gov>

DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF LABOR STANDARDS ENFORCEMENT (DIR/DLSE) (213) 620-6330
320 West Fourth Street, 10th Floor
Los Angeles, California 90013
<http://www.dir.ca.gov/dlse>

LABOR COMMISSIONER'S OFFICE (213) 620-6330
320 W. Fourth Street, Suite 450
Los Angeles, CA 90013
<https://www.dir.ca.gov/dlse/DistrictOffices.htm>

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (213) 894-1118
Roybal Federal Building
255 East Temple Street, 4th Floor
Los Angeles, California 90012
<https://www.eeoc.gov>

CALIFORNIA CHAMBER OF COMMERCE (800) 331-8877
Go online to the Cal Chamber Store to obtain required notices, kits and posters:
<http://store.calchamber.com/10032181/products/required-by-law>

CAL OSHA (818) 901-5403
<https://www.osha.gov/oshdir/ca.html>

NEW HIRE CHECKLIST

The following items must be signed and contained in every new hire employee packet. If a document does not apply, please write N/A. Please initial that the document has been presented to the employee and signed.

Employment Application (completed, dated and signed by applicant)	(Optional)	_____
Labor Code Section 2810.5 for New Hires	(Mandatory)	_____
Post-Hire Employee Data Sheet	(Optional)	_____
Federal Form W-4 - Employee Withholding Allowance	(Mandatory)	_____
California State Form DE-4 Employees Withholding Allowance Certificate	(Mandatory)	_____
I-9 Form - (completed by applicant and company representative)	(Mandatory)	_____
I-9 Instructions	(Mandatory)	_____
Voluntary Information Form	(Optional)	_____
Authorization to obtain Investigative Report	(Optional)	_____
Notification of Request for Investigative Consumer Report	(Optional)	_____
Summary of Rights Under the Fair Credit Reporting Act	(Optional)	_____
Workers' Compensation Benefits Statement and Physician Election Form (English and Spanish/Acknowledgment)	(Mandatory)	_____
State Disability Insurance Booklet-DE-2515 (English/Spanish)	(Mandatory)	_____
EDD For Your Benefit Booklet-DE-2320 (English)	(Mandatory)	_____
Family Care and Medical Leave and Pregnancy Disability Leave (DFEH-100-21) (State) (Replaces Notice B)	(Optional)	_____
Family and Medical Leave Act of 1993 (Federal)	(Optional)	_____
California Paid Family Leave-DE-2511 (English and Spanish)	(Mandatory)	_____
Transgender Rights in the Workplace (DFEH Notice)	(Mandatory)	_____
Department of Fair Employment and Housing Sexual Harassment Pamphlet (English and Spanish)	(Mandatory)	_____
Lactation Accommodation Policy	(Mandatory)	_____
Rights of Victims of Domestic Violence, Sexual Assault and Stalking	(Mandatory)	_____
Employee Relations Policy with Acknowledgment (English & Spanish)	(Mandatory)	_____
Company's Drug and Alcohol Policy with Acknowledgment	(Optional)	_____
Meal and Rest Period Policy	(Optional)	_____
Sick Leave Policy	(Mandatory)	_____
Timesheet	(Optional)	_____
Employee Handbook (Company handbook)	(Optional)	_____
Employee Statement Re: Acknowledgment of Receipt of Handbook	(Optional)	_____
Insurance Premium Authorization	(Optional)	_____
Unearned Vacation Agreement	(Optional)	_____
Supplies/Uniform Cost Authorization	(Optional)	_____
Acknowledgment of Receipt of Mandatory Documents	(Optional)	_____

Date: _____ By: _____
Supervisor's Signature

Date: _____ By: _____

EMPLOYMENT APPLICATION

GENERAL DATA

Last Name	First Name	Middle Name			
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please specify for purposes of a reference check:					

Present Address	Number	Street	City	State	Zip Code
Years at Above Address			Home Telephone Number		
			()		
Position Applying For				Date of Application	
Full Time or Part Time			Shift or Hours Preferred		
Drivers License Number (if applicable)			Expiration Date		

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? Yes No

PERSONAL DATA

Person to notify in case of an Emergency:	Name	Home Telephone Number			
		()			
Present Address	Number	Street	City	State	Zip Code
<i>How did you learn of this job opening?</i>					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
List membership in professional organizations which you feel would enhance your application.					
You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.					

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

If under 18 years of age, can you after employment, submit a work permit? N/A Yes No

SKILLS

Typing Speed (wpm):	Shorthand (wpm):
Machines Operated:	
Other Training/Skills (include bilingual ability if relevant to the position for which you are applying:	
Branch of Military Service:	State Dates: From: To:
State relative skills acquired during military service:	

PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License Number:	Expiration Date:	Type of License:	State:
------------------------------	------------------	------------------	--------

Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? Yes No

If "Yes," please explain:

EDUCATION

	HIGH SCHOOL	COLLEGE	TRADE, PROFESSIONAL SCHOOL OR OTHER
Name			
Address			
Number of Years			
Course or Major			
Diploma/Degree			

WORK EXPERIENCE

Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title			
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title			
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title			
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			

APPLICANT'S STATEMENT

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer, may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is "at-will," that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.

By: _____
Signature of Applicant

Date

FOR COMPANY USE ONLY

Interviewed: Yes No

Remarks: _____

Employed: Yes No Starting Date: _____

Job Title: _____ Salary: _____ Dept: _____

By: _____
Name and Title Date

(Revised 11-06-2017)

Criminal History Question

Effective January 1, 2018

California employers may not ask an applicant to disclose their criminal conviction history prior to making a job offer. Certain employers are required by law to have background checks and cannot hire certain applicants with a criminal conviction. Please check with your attorney before asking the question below:

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN:

- (1) a marijuana related conviction that occurred more than two years ago;
- (2) an offense for which you were referred to, and participated in, any pre-trial or post trial diversion program; and
- (3) any criminal history, including arrests, detention, process, diversion, supervision, adjudication, or court disposition that occurred while you were subject to the process or jurisdiction of juvenile court law?

Yes No

If yes, please state the date of conviction, the county and state, and the nature of the offense.

NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: _____
Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? Yes No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: _____

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) Yes No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: _____

WORKER'S COMPENSATION

Insurance Carrier's Name: _____

Address: _____

Telephone Number: _____

Policy No.: _____

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 - 1. requesting or using accrued sick days;
 - 2. attempting to exercise the right to use accrued paid sick days;
 - 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 - 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

California Minimum Salary for Exempt Employees

Employees properly classified as exempt most receive a salary of at least twice the California State Minimum Wage. County and City ordinances concerning minimum wage does not change the amount to be paid.

	<u>26 or More Employees</u>	<u>25 or Fewer Employees</u>
(1) January 1, 2017	\$43,680	\$41,600
(2) January 1, 2018	\$45,760	\$43,680
(3) January 1, 2019	\$49,920	\$45,760
(4) January 1, 2020	\$54,080	\$49,920
(5) January 1, 2021	\$58,240	\$54,080
(6) January 1, 2022	\$62,400	\$58,240
(7) January 1, 2023	\$62,400	\$62,400

Alfred J. Landegger
Larry C. Baron
Oscar E. Rivas
Roxana E. Verano

Marie D. Davis
Rebecca L. Gombos
Patrick E. White III
Rodrigo J. Torres
Kristina Kourasis
Evelyn Zarraga
Alysha R. Zapata
Matthew Rabban

MINIMUM WAGE INCREASES FOR CALIFORNIA LOS ANGELES CITY AND COUNTY

YEAR	FEDERAL	CALIFORNIA (effective January 1)		LOS ANGELES CITY (effective July 1)		LOS ANGELES COUNTY & UNINCORPORATED AREAS OF LOS ANGELES COUNTY (effective July 1)	
		<u>26 or more</u> \$10.50	<u>25 or fewer</u> \$10.00	<u>26 or more</u> \$10.50	<u>25 or fewer</u> \$10.00	<u>26 or more</u> \$10.50	<u>25 or fewer</u>
2016	\$7.25	\$10.00		<u>26 or more</u> \$10.50	<u>25 or fewer</u> \$10.00	<u>26 or more</u> \$10.50	<u>25 or fewer</u>
2017		<u>26 or more</u> \$10.50	<u>25 or fewer</u> \$10.00	\$12.00	\$10.50	\$12.00	\$10.50
2018		\$11.00	\$10.50	\$13.25	\$12.00	\$13.25	\$12.00
2019		\$12.00	\$11.00	\$14.25	\$13.25	\$14.25	\$13.25
2020		\$13.00	\$12.00	\$15.00	\$14.25	\$15.00	\$14.25
2021		\$14.00	\$13.00		\$15.00		\$15.00
2022		\$15.00	\$14.00				
2023			\$15.00				

Main Office

15760 Ventura Blvd.
Suite 1200
Encino, CA 91436
(818) 986-7561
Fax (818) 986-5147

Ventura Office

751 Daily Drive
Suite 325
Camarillo, CA 93010
(805) 987-7128
Fax (805) 987-7148

www.landeggeresq.com

Rev. 01-24-2020

MEAL AND REST PERIOD POLICY

Employees that are scheduled to work more than five (5) hours must take a thirty (30) minute uninterrupted meal period, off the clock, no later than the end of the fifth hour of work. Employees are entitled to be relieved of all their duties and free to take care of personal matters during that time. Employees that have a six (6) hour shift may voluntarily waive the meal period if they execute a Six Hour Shift Waiver Form. Please see the Human Resource Department.

The Company provides a paid ten (10) minute rest period for every four (4) hours of work or major fraction thereof. An employee who works between three and a half (3 1/2) to six (6) hours is entitled to one (1) ten minute break, an employee who works over six (6) hours is entitled to a second ten minute break. An employee that works less than three and a half (3 1/2) hours is not entitled to receive a paid ten (10) minute rest period. Please check with your supervisor for the appropriate time to take meal and rest breaks.

Meal periods and rest periods may not be waived to leave early nor may they be consolidated for a longer break or meal period.

It is against Company policy for any employee to perform work during meal or rest periods. It is against Company policy to return to work before the end of a 30 minute meal period or ten minute rest break. It is also against Company policy for employees to work "off the clock," that is, perform work without recording it as time worked on their timesheets.

Employees working more than ten (10) hours are entitled to a second meal period before end of the tenth hour of work, unless the employee voluntarily executes a Twelve Hour Shift Waiver Agreement and has taken the first meal period.

The undersigned acknowledges that he or she has read and understands the foregoing Meal and Rest Period Policy.

Employee Signature

Date

Política para Descansos y Períodos de Comida

Los empleados que están programados a trabajar mas de (5) horas deben tomar un descanso ininterrumpido de treinta (30) minutos para comer, fuera del horario de trabajo, y no mas tarde que al final de la quinta hora de trabajo. Los empleados tienen derecho a ser relevados de todas sus funciones laborales y son libres para atender sus asuntos personales durante ese tiempo. Los empleados que tienen un turno de seis (6) horas pueden renunciar voluntariamente al período de comida si ejecutan el formulario para OMITIR EL PERIODO DE COMIDA (Turno de 6 Horas). Por favor consulte con el Departamento de Recursos Humanos.

La compañía proporciona un período de descanso de diez (10) minutos pagados por cada cuatro (4) horas de trabajo o fracción mayor de la misma. Un empleado que trabaja entre tres y media (3 1/2) a seis (6) horas tiene derecho a un (1) descanso de diez minutos. Un empleado que trabaja más de seis (6) horas, tiene derecho a un segundo descanso de diez minutos. Un empleado que trabaja menos de tres horas y media (3 ½ horas) no tiene derecho a recibir un período de descanso de diez (10) minutos pagados. Por favor consulte con su supervisor(a) para el momento adecuado para tomar las comidas y los descansos.

Los períodos de descansos y de comida no pueden ser omitidos para poder salir temprano del trabajo, y tampoco pueden ser combinados para recibir un período para comer o descanso más largo.

Va en contra a la política de la empresa que algún empleado trabaje durante los períodos de descanso o durante el descanso para comer. Va en contra a la política de la empresa el regresar a trabajar antes de cumplirse los treinta (30) minutos del período de la comida, o los diez (10) minutos requeridos para el período de descanso. También va en contra a la política de la empresa que los empleados trabajen "fuera de horario", es decir, realizar funciones laborales sin registrar el tiempo como tiempo trabajado en sus hojas de horario.

Los empleados que trabajen más de diez (10) horas tienen derecho a un segundo período de comida antes del final de la décima hora de trabajo, a menos que el empleado ejecute voluntariamente el formulario para OMITIR EL PERIODO DE COMIDA (Turno de 10-12 Horas) y haya tomado su primer período de comida.

El abajo firmante reconoce que él o ella ha leído y ha entendido la Política para Descansos y Períodos de Comida precedente.

Firma del Empleado

Fecha

SICK LEAVE POLICY

Full-Time and Part-Time Employees

Employees who have worked at least thirty (30) days within a year are entitled to paid sick leave under the Healthy Workplaces, Healthy Families Act. Eligible employees will be granted three (3) days or twenty-four (24) hours of paid sick time benefits up front on January 1 of every year. A lump sum of three (3) days or twenty-four (24) hours of paid sick leave will appear on the employees' pay stubs. There is no carryover of unused time from year to year, and employees start fresh each year.¹

The minimum increment of use of paid sick leave is two (2) hours.

Use of Sick Time (All Employees)

Employees are entitled to use paid sick time starting on their 90th day of employment for the following reasons: (1) diagnosis, care or treatment of an existing health condition of the employee or a covered family member of the employee, (2) preventative care for the employee or a covered family member of the employee, and (3) for court dates, medical treatment, or counseling or safety planning when the employee is a victim of domestic violence, sexual assault or stalking. Covered family members include the employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, sibling, and spouse's or registered domestic partner's parent.

If the need for paid sick leave is foreseeable, employees must provide advance oral or written notification to their supervisor or the Office Manager. Advance notice requires notification at least one (1) hour before their scheduled starting time. If the need for paid sick leave is not foreseeable, employees must provide notice to their supervisor or Office Manager as soon as practical. An employee's use of paid sick time may run concurrently with other leaves under state or federal law.

Unused sick time accrued will not be made payable to employees upon leaving the service of the Company, regardless of the reason for separation. Employees who are rehired within one year of separation from employment may be eligible for reinstatement of previously accrued paid sick time. Payment for sick days is not considered as time worked in the computation of overtime.

Employees will generally be required to submit a certification from their treating licensed medical care practitioner upon returning to work after an absence of three (3) consecutive days or more. Employees will be required to provide a release from their medical care practitioner to return to work if the employee is hospitalized for twenty-four (24) hours or more or for outpatient surgery.

Subject to the conditions that they be employed by the Company in California for thirty (30) or more days within a year from the commencement of employment and have been employed by the Company for at least ninety (90) days from the date of hire, seasonal and temporary employees will be permitted to use paid sick leave which they will accrue based on the number of hours worked at the rate of one (1) hour for every thirty (30) hours worked.

¹ Many cities and counties have mandatory sick leave ordinances including L.A. City that provide six (6) days of sick leave with a cap of 72 hours. Please check with your attorney if this applies to you and obtain advice regarding a compliant policy.

ESTADO DE CALIFORNIA POLÍTICA DE CARGA FRONTAL

POLÍTICA DE PERMISO POR ENFERMEDAD

(Muestra)

Empleados de Tiempo Completo/Tiempo Parcial/ Temporales

El 1ro de julio de 2015, los empleados reciben tres (3) días o veinticuatro (24) horas de beneficios de permiso por enfermedad con goce de sueldo por adelantado. La presente reemplaza la política que existe actualmente. Una cantidad fija de tres (3) días o veinticuatro (24) horas aparecerá en el talón de paga de los empleados. No hay ningún remanente (“carryover”) del tiempo no utilizado de un año a otro, y los empleados comienzan de nuevas cada año.¹

En el siguiente año, comenzando el 01 de enero de 2016 y anualmente en lo sucesivo, se les otorgará a todos los empleados una cantidad fija de tres (3) días o veinticuatro (24) horas de permiso por enfermedad con goce de sueldo el 1 de enero de cada año. No existe ningún remanente del tiempo acumulado pero no utilizado de un año a otro año.

Uso del Tiempo de Enfermedad (Todos Los Empleados)

Para ser elegibles a recibir beneficios de permiso por enfermedad cuando toman días libres, los empleados están requeridos llamar a su supervisor por lo menos media (1/2) hora antes de su hora programada de entrada. Los empleados tienen derecho a usar tiempo pagado por enfermedad empezando en el noventa (90) día de empleo por su propia enfermedad, para cuidar a un miembro de familia que está enfermo, o para presentarse a fechas de corte, tratamiento médico, o terapia o planeación de seguridad cuando el empleado es una víctima de violencia doméstica, agresión sexual o acoso. Miembros de la familia incluyen los padres, hijos, cónyuges, pareja doméstica registradas, abuelos, nietos, y hermanos del empleado, y padres de los cónyuges o de las parejas domésticas registradas.

Días de enfermedad acumulados pero no usados no serán pagados al empleado al dejar el servicio de la Compañía, cualquiera que sea la razón de la separación de empleo. Pago por días de enfermedad no es considerado como tiempo trabajado en la computación de horas extraordinarias.

Los empleados generalmente serán requeridos presentar una certificación del profesional de atención médica al regresar al trabajo tras una ausencia de tres (3) días consecutivos o más. Los empleados deberán proporcionar un comunicado del profesional de atención médica autorizando al empleado regresar al trabajo, si el trabajador es hospitalizado por veinticuatro (24) horas o más, o después de cirugía ambulatoria.

Vacaciones acumuladas pueden ser usadas como días de enfermedad si el empleado así lo desea. Sin embargo, permiso por enfermedad acumulado no puede ser usado como vacaciones.

¹ Muchas ciudades y condados tienen decretos de permisos por enfermedad obligatorios, incluyendo la ciudad de L.A. la cual proporciona seis (6) días de permiso por enfermedad con un límite máximo de 72 horas. Por favor verifique con su abogado si esto le aplica a usted y obtenga asesoramiento para el desarrollo de una política adecuada.

